

**Michigan Department of Civil Service
Employee Benefits Division
FY 2003-2004 HEALTH INSURANCE PREMIUM RATES
(Effective October 12, 2003)**

PLAN NAME/CODE	Option *2	BIWEEKLY			BIWEEKLY			
		Employee (a)	State (b)	Total (c)	Part time employees *1		Monthly (CGIS)	
					Employee (d)	State (e)	Leave/LO (f)	COBRA (g)
HAEX State Health Plan	1	\$ 7.95	\$ 151.12	\$ 159.07	\$ 79.53	\$ 79.53	\$ 344.65	\$ 351.54
	2	\$ 15.91	\$ 302.23	\$ 318.14	\$ 159.07	\$ 159.07	\$ 689.30	\$ 703.09
	3	\$ 13.99	\$ 265.76	\$ 279.75	\$ 139.87	\$ 139.87	\$ 606.11	\$ 618.23
	4	\$ 21.94	\$ 416.83	\$ 438.77	\$ 219.38	\$ 219.38	\$ 950.66	\$ 969.67
Employee or Spouse	5	\$ -	\$ 151.12	\$ 151.12	\$ 75.56	\$ 75.56	\$ 327.43	\$ 333.98
with Medicare	6	\$ -	\$ 302.24	\$ 302.24	\$ 151.12	\$ 151.12	\$ 654.85	\$ 667.95
(State pays 100%)	7	\$ -	\$ 265.74	\$ 265.74	\$ 132.87	\$ 132.87	\$ 575.77	\$ 587.29
	8	\$ -	\$ 416.83	\$ 416.83	\$ 208.42	\$ 208.42	\$ 903.13	\$ 921.19
HAEX State Health Plan	1	\$ -	\$ 159.07	\$ 159.07	(n/a)	(n/a)	\$ 344.65	\$ 351.54
(bargaining unit T01 only)	2	\$ -	\$ 318.14	\$ 318.14	(n/a)	(n/a)	\$ 689.30	\$ 703.09
	3	\$ -	\$ 279.74	\$ 279.74	(n/a)	(n/a)	\$ 606.10	\$ 618.23
	4	\$ -	\$ 438.77	\$ 438.77	(n/a)	(n/a)	\$ 950.67	\$ 969.68
Spon. Dependent *3	(65+)				(n/a)	(n/a)		\$ -
H2F0 Catastrophic Health	1	\$ -	\$ 15.81	\$ 15.81	\$ 7.91	\$ 7.91	\$ 34.26	\$ 34.95
Plan *4	2	\$ -	\$ 31.62	\$ 31.62	\$ 15.81	\$ 15.81	\$ 68.51	\$ 69.88
(State pays 100%)	3	\$ -	\$ 31.62	\$ 31.62	\$ 15.81	\$ 15.81	\$ 68.51	\$ 69.88
	4	\$ -	\$ 31.62	\$ 31.62	\$ 15.81	\$ 15.81	\$ 68.51	\$ 69.88
H3ZN Decline Health Ins. *5	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
H4ZN "Opt Out" Health *6	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

Please note: State pays 100% of State Health Plan premiums for T-01.

*1 Part time employees hired after 1/1/2000 (1/1/2002 for bargaining units A02 & A31) whose regular work schedule is 40 hours or less per biweekly pay period (except bargaining unit T01) pay premiums according to column (d). Other part time employees pay according to column (a). Permanent Intermittent employees are not covered by this provision.

*2 Options 1 & 5 = Employee only coverage; Options 2 & 6 = Employee & Spouse; Options 3 & 7 = Employee & Children; Options 4 & 8 = Full Family

*3 Coverage is available only if the sponsored dependent was enrolled in a State-sponsored health care plan prior to February 1976.

*4 Employees who are enrolled in the Catastrophic Health Plan will receive a \$50 rebate with each paycheck beginning October 23, 2003.

*5 Decline insurance codes H3 & V3 are for those employees who have insurance coverage through a State employee or retiree spouse. No rebate is available.

*6 "Opt Out" code H4 are for those employees who have "primary" coverages through a non-State employee or non-State retired spouse. A rebate identical to the Catastrophic Health Plan will be issued to those employees.